

# **EXHIBIT 7**

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1 having a genetic mutation in her family."

2 Do you see that language that I've  
3 highlighted?

4 A. I do see that.

5 Q. Do you agree with Dr. Hofstatter's belief of  
6 the likelihood of a genetic mutation in  
7 Ms. Converse's family?

8 MS. GARBER: Object to the form.

9 THE WITNESS: What I can say is that  
10 I would -- as a clinician I would be  
11 concerned when somebody who is an expert in  
12 breast cancer writes that kind of a note, I  
13 would be very concerned that there's a  
14 genetic mutation yet to be identified in  
15 this family.

16 BY MR. JAMES:

17 Q. All right. Dr. Schwartz, I'm going to stop  
18 sharing.

19 A. Okay.

20 Q. Dr. Schwartz, is it fair to say that  
21 Ms. Converse's family history is significant for  
22 cancer risk, including ovarian cancer risk?

23 A. It would appear to be so, yes.

24 Q. Is it fair to say that Ms. Converse's  
25 healthcare providers, including yourself, have

1 concern that there maybe a genetic mutation or an  
2 unidentified syndrome contributing to her cancer  
3 risk, including her ovarian cancer risk?

4 MS. GARBER: Objection to the form.

5 THE WITNESS: Yes, okay.

6 BY MR. JAMES:

7 Q. Have you ever told Ms. Converse that her  
8 family history did not place her at increased risk  
9 for ovarian cancer?

10 A. Not to my knowledge.

11 Q. Have you ever told Ms. Converse that she  
12 does not have an undiscovered genetic mutation that  
13 may be relevant to her ovarian cancer?

14 A. No.

15 Q. Have you ever told Ms. Converse that you  
16 have ruled out her family history as relevant to her  
17 ovarian cancer risk?

18 A. No, not to my knowledge.

19 Q. Have you ever told Ms. Converse that you  
20 have ruled out genetics as relevant to her ovarian  
21 cancer risk?

22 A. Not to my knowledge.

23 Q. And then now separate from what you -- the  
24 questions about what you have told Ms. Converse, as  
25 a clinician have you, yourself, ruled out